

MEMORANDUM

Date: March 12, 2020*
From: CWA Health & Safety Department
To: CWA Executive Board
CC: District/Sector/Division COVID-19 Points of Contact
RE: COVID-19 ADVISORY For Healthcare Locals: CDC Downgrade of Personal Protective Equipment for Healthcare Workers

On March 10, 2020 the Centers for Disease Control (CDC) announced their “Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.”¹ These guidelines apply to all healthcare settings in the U.S., impacting patients and healthcare workers. In their guidelines, the CDC made several concerning recommendations that can endanger healthcare workers:

- To allow the use of facemasks by healthcare workers caring for patients with known or suspected COVID-19 patients when the supply chain of respirators cannot meet the demand.
- To allow for known or suspected COVID-19 patients to be cared for in single-person rooms with the door closed and reserving the use of Airborne Infection Isolation Rooms (AIIR’s) for patients undergoing aerosol-generating procedures.

CWA strongly opposes the rollbacks in protections in the new CDC recommendations.

The new CDC recommendations are a downgrading of protections for healthcare personnel (HCP) on the frontline of the fight against the pandemic. Simply put, facemasks cannot provide the level of protection afforded by respirators. This recommendation will result in putting healthcare workers, their families, patients, and the community at risk as employers will be more likely to use this downgraded level of personal protective equipment (PPE). Protections for HCP caring for known or suspected COVID-19 patients should be a priority.

CWA recommends Local Unions and CWA Staff address the following items with employers immediately to ensure members, patients and the community are adequately protected during this outbreak. The bulleted items below are meant to highlight major issues to discuss, not as a comprehensive set of detailed measures:

- Demand that employers provide real protections, including respirators, for HCP and do not roll back protections as suggested in the new CDC recommendations.
- Engage with employers to discuss the workplace policies, procedures, and protocols that are in place to address COVID-19 patient identification, triage, and care, as well as HCP protections, including engineering controls, administrative and work practice controls, infection control measures, and personal protective equipment (PPE). Negotiate any

*Revised 3/13/2020

¹ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

changes that should be made to address the changing COVID-19 situation. Employers should explore all options available to reduce the risk of exposure to protect HCP. HCP should be trained on all applicable procedures.

- Obtain information from the employer about the available supply of personal protective equipment and how long it is expected to last at the facility/location, including N-95 respirators, other respirators (e.g. Powered Air Purifying Respirators, N-100's, ½ face elastomeric respirators with HEPA filters, etc.), gowns, gloves, goggles, disposable face shields, and surgical facemasks. CWA local unions should report this information to their District/Sector/Division Office.
- Demand employers plan for a potential N-95 respirator shortfall by exploring the use of respirators that offer **greater** protection than the N-95 respirator instead of resorting to a facemask that does not seal around the face and does not offer protection from airborne exposure.²
- Demand employers assess the number of Airborne Infection Isolation Rooms (AIIR's) in acute care facilities. The employer should ensure all AIIR's are in working order.
- Discuss the capacity of the facility to care for COVID-19 patients, including where known or suspected COVID-19 patients will be cared for. Will the employer open a unit or dedicate a unit? Will there will be a dedicated facility in a region? What are the surge procedures?
- Discuss potential staffing solutions to limit the number of HCP who may work with potential or confirmed COVID-19 patients at a given time, and adjust staffing patterns as demand changes.
- Discuss the protocols for: quarantine and/or precautionary removal procedures of HCP who have been exposed to known or suspected COVID-19 patients as HCP or others who may have been exposed and infected may not show symptoms for up to two weeks; paid time, without loss of benefits, for HCP who may be quarantined or who may become ill.
- Discuss exposure incident reporting, notification, record-keeping, and follow-up procedures. A process for timely, post-exposure incident analysis and review should be implemented to determine the effectiveness of controls and procedures in place and to determine whether changes or additional, protective measures should be effected.
- Discuss environmental controls and cleaning of areas where COVID-19 patients are cared for and transported and the equipment used for patient care.

² N-100 filtering face-piece respirators offer more protection than N-95's because of a higher filter efficiency and are also disposable. A ½ face elastomeric respirator can be reused, but must be cleaned and maintained. Powered Air Purifying Respirators offer an even greater level of protection and are most suitable for higher risk, aerosol generating procedures. N-95 respirators are the cheapest form of respirator, so be aware that other types of respirators will be more costly. A change in the type of respirator worn will require the employer to follow the requirements of the Respiratory Protection Standard, 1910.134 including training and fit-testing.

- Assess the risk of all personnel for direct or indirect exposure including, RN's, LPN's, aides, technicians, doctors, security, administrative staff, and service workers including environmental services. Procedures to protect personnel, including personal protective equipment, should be based on the tasks performed and degree of contact, exposure, and risk.
- Discuss screening protocols for anyone entering the facility, including all visitors. Discuss criteria for restrictions or denial of entry into parts or all of the facility for individuals other than patients.
- Discuss the communication plan for your facility. There should be regular calls between the employer and the union; the timeframe may vary based on your location. Daily calls are recommended, but more frequent calls may be needed as the ever-changing situation demands. There should be a 24 hour place for staff to call if there is a situation at work they don't know how to handle. There should be an emergency notification procedure between the employer and the union for emerging issues/problems as they happen.
- Discuss COVID-19 diagnostic testing of HCP. The capacity to conduct testing and the protocols for testing are not what they should be right now, but will hopefully be increasing and improving. Continuously re-evaluate the process for your facility based on current information.

CWA will continue to fight for improved worker protections and will work with you to keep members safe during this pandemic. If you have any questions or concerns, please contact your Local Union.